Decision to Incision Time for Unscheduled Cesarean Deliveries:
Can We Meet the Standard?

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Objectives:

At the conclusion of this presentation, the participant will be able to:

1. Discuss the significance of the national standard for decision to incision time for unscheduled cesarean delivery
2. Describe the evidence to support the 30 minute standard
3. Identify situations where immediate delivery is required
4. Describe 2 strategies for improving decision to incision times in the clinical setting

References


### Workflow for Unscheduled Cesarean Delivery:

**Code Green - Indication Includes Concern for Fetal (Category 2 or 3 Fetal Heart Rate) or Maternal Status**

| **OB Physician** | • Make decision for C/S: **Concern for Fetal or Maternal Status**  
| | • State estimated arrival time if not at BS  
| | • Identify assistant and arrange for notification  
| | • **Remain with patient and assist with preparation and moving to OR**  
| | • Enter pre-op orders; Order set #1109 (if in hospital)  
| | • Notify RN if Type & Screen needed (all patients have clot in Blood Bank)  
| | • **Scrub and meet team in OR at agreed time** (no additional call)  
| **Primary L&D Nurse** | • **Establish timeline with MD**  
| | • "All Call" on Steno **Code Green** to room X"  
| | • **GOAL: Move patient to OR** as quickly as possible (within 10 minutes, or less)  
| | • Prehydrate for epid/spinal, as needed  
| | • Enter pre-op orders; order set #1109 (if MD not in hospital)  
| | • Ensure CBC results available (notify anes for direction if not)  
| | • Prepare patient: Consent, bicitra, pre-op checklist  
| | • **Move patient to OR**  
| | • IN OR, insert foley, clip hair, apply compression sleeves  
| | • Circulate C/S  
| | • Complete Audit Tool in collaboration with all team members  
| **L&D Coord** | • Ensure assistance for primary nurse (Float RN, LVN, OB Tech)  
| | • Notify WOR Coord by phone X 82499, provide patient name, allergies, surgeon, **Code Green**, estimated time & special needs (i.e. very large patient, multiples)  
| | • **Establish timeline with anesthesia and WOR if second room required**  
| | • Notify NICU  
| | • Call assistant, if requested by surgeon  
| | • Call anesthesia back-up, if requested  
| | • Notify primary nurse if any delay required  
| **L&D Secretary / PST** | • Page anesthesia using **Code Green** code 444, followed by the patient room number; assist with other paging and phone calls, as needed, and ensure that anesthesia received the page and is on the way to the OR.  
| | • Stamp C/S Pack  
| | • Complete electronic transfer of patient to OR (QS & Epic)  
| **WOR Coord** | • Ensure opening of OR (5 minutes)  
| | • **Open second room if OR 9 not immediately available**  
| | • Provide scrub  
| | • **Provide assist for circulator, when able**  
| **Anesthesia** | • **Establish timeline if second room required**  
| | • Determine need for back-up  

- **Code Green** is Communicated to ALL Team Members

- When the OB Physician is greater than 30 minutes away and the indication for cesarean delivery includes concern for fetal (Category 2 or 3 tracing) or maternal status, the nurse will ask the physician “Do you want me ask the MFM physician to see the patient and start the case?” Document response and proceed as directed.

- The surgeon should start the case and not await the arrival of the assistant if it is clear that everyone is ready and the time is approaching the 30 minute limit. The assistant must be present or en route but this factor alone should not delay the delivery procedure.

- **Proceed to OR within 5-10 minutes** without further calls to anesthesia or WOR
Background / Rationale:

We are making great progress in our effort to decrease the time from decision to incision for cesarean deliveries when there is concern for fetal well being. To further enhance our efficiency and to sustain our success we are implementing a new process, **Code Green**, for alerting everyone in the unit that an urgent CS needs to be done. Precious minutes are lost when the primary nurse cannot immediately locate the coordinator or when the coordinator is not able to promptly send help and nursing staff are not aware that assistance is needed.

A **Code Green** is defined as a cesarean delivery for **any degree of concern** over fetal or maternal status, not just a “crash”, so as to meet the standard of 30 minutes or less from decision to incision.

Process / Procedure:

1. When the physician orders a cesarean delivery, the primary nurse will verify with the physician that the indication includes concern for fetal (Category 2 or 3 FHR), or maternal status.

2. The primary nurse will “All Call” on the steno, **“Code Green to room X”**

3. The physician will enter pre-op orders in Epic and arrange for assistant to be notified

4. The primary nurse will then begin preparation of the patient with the goal of leaving for the OR as quickly as possible (within 10 minutes, **preferably sooner**)

5. The coordinator will respond by notifying the OR and NICU

6. The secretary will respond by paging anesthesia (using code green code of **444** following the page; example: *3-18917 (or) 18929…32711 * **444** *(room number)#), locating the coordinator (if she is not present at the desk), and stamping the OR packet. **The secretary who placed the page is responsible for ensuring that the page was received and the anesthesiologist is en route to the OR.**

7. The float nurse and LVN, if available, will go immediately to the designated room to assist

8. The OB Tech, if available, will go immediately to the room and begin clearing the path to the OR

9. Additional nursing staff, if able, will respond by going to the room to assist as needed with preparing the patient and transferring to the OR

10. **All nursing and physician staff share the responsibility to ensure that cases of cesarean delivery for fetal indications transfer quickly to the OR and get started promptly**

11. It is the responsibility of the primary RN to document interventions for **Code Green** in Epic as follows: Doc Flowsheet > OB Graphic > Labor Interventions > C-Section/Code Green > click on Magnifying Glass & select intervention(s) utilized.
Cesarean Section Audit 2010

Please complete this form for all cesarean sections and return to envelope outside of educator’s door

Time of Decision for C/S_____________  Time of move to OR___________
Time of Incision____________________
Decision to incision elapsed time_____ minutes

Patient Laboring or SROM?  □ Yes  □ No

Indication for C/S:
□ Elective  □ Previa
□ Repeat  □ Prolapsed Cord
□ Failure to Progress  □ Triplets/ Higher Order Gestation
□ Intrapartum Nonreassuring Fetal Status  □ Severe preeclampsia / HELLP
□ Antepartum Nonreassuring Fetal Status  □ Abruptio Placenta
□ Breech / Nonvertex Presentation

Other Indication______________________________________________________________

If the elapsed time from Decision to Incision is greater than 30 min, please describe situation and have surgeon and anesthesiologist sign form:
Circulating RN complete this section in collaboration with all team members

Check all that apply
□ OR not available (case in progress, room being cleaned, etc)
  Was second OR opened?  □ yes  □ no
□ Surgeon not in hospital
□ Surgeon in another case/delivery
□ Anesthesiologist not available
  Was back-up called in?  □ yes  □ no
□ Nursing personnel not available  □ scrub  □ circulator (please specify)
□ Assistant not available / waiting for assistant
  Was fellow or resident available  □ yes  □ no
□ Problems initiating anesthesia (ineffective block, rebolus, etc)
□ Awaiting lab results
□ Less than 6 hours NPO

Other________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Circulator signature_______________________________
Surgeon signature_______________________________
Anesthesiologist signature_________________________

Thank You